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City of Chesapeake 2013 Health Profile



Improving community health requires engagement of both individuals and local leaders. May this profile galvanize all of us to seek creative, effective ways to develop a healthier community as well as individual citizens.



PUBLIC HEALTH

"The science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort."

—Winslow, 1920

FORWARD —

This year's report provides information on Chesapeake's health status, as compared against state benchmarks. Perhaps more importantly, in most cases the data is presented within the context of a five-year trend line to make it clear whether the status is improving or getting worse.

Although Chesapeake compares favorably in many health categories, we continue to face challenges in several areas including: health insurance coverage, number of people who smoke, obesity, motor vehicle-related death rate, birth outcomes, sexually transmitted disease rates, and drug-related and firearm-related death rates.

Significant local initiatives have been launched to address some of the most compelling health challenges, such as chronic disease case management, and baby care.

In addition, we were instrumental in bringing the federally qualified Chesapeake Community

Health Center to our city. It is a primary care provider that serves persons of all income levels and as of July 2, 2012 is located at 490 Liberty Street.

Clearly, there are many health challenges that we must face as a community. Most require individuals to make lifestyle choices to protect and improve their own health.

Other improvements will require societal action and perhaps policy change. The health of a community is contingent on the health of its individual citizens and impacts economic stability, educational progress and family unity.

The staff of the Chesapeake Health District is committed to working with all stakeholders in an effort to make Chesapeake a healthier place to live, work and play. We are committed to creating a Chesapeake environment conducive to healthy lifestyles.

Nancy M. Welch, MD, MHA, MBA
Health Director

PRIMARY HEALTH CONCERNS AND TRENDS:

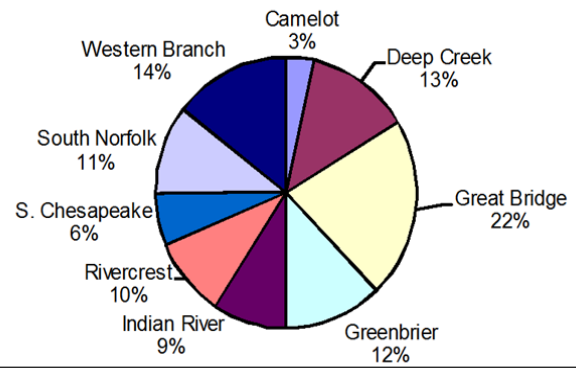
- Diabetes Mellitus, Obesity, Hypertension
- Teen Pregnancy Race Discrepancy
- HIV & Other STIs
- Cancer—Breast, Lung, and Prostate



DEMOGRAPHICS



2012 Area Populations as a Percent of City Total



Population Growth

- The City's estimated population as of **January 1, 2012** is **226,138** persons, which is 189% greater than the 1963 population of 78,153.
- The 2012 estimate represents **a 1.11% increase between 2011 and 2012**. The growth rate for the previous year was 0.65% and the average annual growth rate over the past decade (1999-2009) is 1.14%.
- **114,538 (51.4%)** females and **108,448 (48.6 %)** males
- **27.7%** of the population was **under 18** years old and **10.5%** was **65 years and older**
- The median **age** was **37.2 years**





ACCESS TO HEALTH CARE

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone.

Uninsured populations may experience worsened chronic disease control and higher complication rates.

UNINSURED IN VIRGINIA: FACTS AT A GLANCE

- Nearly 15% of Virginians under age 65 are without medical insurance (**14.6%**).
- The majority of uninsured (**69.6%**) are part of working families.
- The vast majority of Virginia's uninsured are US citizens (**78.6%**)
- The uninsured in Virginia represent all racial/ethnic groups:
 - 47% are white
 - 24% are black
 - 20% are Hispanic
 - 7% are Asian/Pacific Islanders

Chesapeake Uninsured	2010	2013
Uninsured Nonelderly Age 0-64 Percent	12%	12%
Uninsured Adults Age 19-64 Percent	13%	15%
Uninsured Children Age 0-18 Percent	7%	6%



ACCESS TO HEALTHCARE (CONT'D)

Food Insecurity

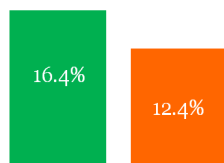
- Although related, food insecurity and poverty are not the same.
- Food insecurity refers to USDA's measure of lack of access, at times, to enough food for an active healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.
- In many ways, America is the land of plenty, but for 1 in 6 people in the United States, hunger is a reality.
- In 2010, 11.9% of the population of Chesapeake were food insecure, compared to 12.4% of Virginia's population.
- Availability of government support for households varies based (in part) on the household income as it relates to the poverty level.
- Of the 26,100 food insecure people in Chesapeake, 57% are above 185% of poverty and ineligible for Federal programs.



CHILD FOOD INSECURITY

- Although food insecurity is harmful to any individual, it is particularly devastating among children due to their increased vulnerability and the potential for long-term consequences, including reduced cognitive development, increased illness and poor school performance.
- In 2010, an estimated 7,060 children were food insecure in Chesapeake, that is 12.4% of the city's children.

■ Virginia ■ Chesapeake



2010 Child Food Insecurity Rate

Chesapeake City

Food Insecurity rate:



Income bands among food insecure pop.:

26% below SNAP threshold of 130% poverty
18% between 130-185% poverty
57% above threshold of 185% poverty

Virginia

Food Insecurity rate:



Income bands within food insecure pop.:

39% below SNAP threshold of 130% poverty
22% between 130-185% poverty
39% above other nutrition pgm threshold of 185% poverty

Chesapeake has a higher percentage than the State of persons above 185% poverty who are a part of the food insecurity rate. This is consistent with our higher rate of uninsured adults.

CHRONIC DISEASE

- Risk Factors
- Cardiovascular Disease
- Hypertension
- Cerebrovascular Disease (Stroke)
- Diabetes Mellitus
- Breast & Cervical Cancer



RISK FACTORS RELATED TO CHRONIC DISEASE

- Chronic disease does not happen randomly or just by chance. The odds of a person developing a chronic disease are directly related to one or more risk factors that he or she has.
- These risk factors may be generally categorized into one of two categories.

Non-Modifiable

- ◆ Age
- ◆ Gender
- ◆ Race
- ◆ Family History (Genetics)
- ◆ Certain disabilities

Risk Factors



Modifiable (Behavioral)

- ◆ Tobacco use
- ◆ Alcohol use
- ◆ High cholesterol
- ◆ High blood pressure
- ◆ Diet
- ◆ Sedentary lifestyle
- ◆ Weight (obesity)

CHRONIC DISEASE HEALTH INDICATORS AND RISK FACTORS

Chronic Disease Risk Factors

- The number of Americans diagnosed with diabetes has more than tripled since 1980¹ primarily due to Type 2 diabetes, which is closely linked to a rise in obesity, inactivity and older age.
- In 2010, **23.9%** of U.S. adults reported no leisure time physical activity¹ or **no physical activity or exercise** in the last 30 days other than at their regular job.

¹CDC, [Press Release](#), May 22, 2012

*Invest in
yourself—
Eat right, exercise,
reduce stress.
You're worth it!*

Risk Factors, Arthritis and Asthma

	Percent Adults Who Are Obese ¹	Percent Adults Who Are Current Smokers ²	Percent Adults with Arthritis ⁴	Percent Adults with Current Asthma ⁴	Asthma Hospitalizations - Rate per 100,000 ²
Chesapeake	27.2	13.5	27.6	10.1	119.3
Virginia	25.5	16.4	27.2	8.6	120.4

Diabetes, Heart Disease and Stroke

	Diabetes Hospitalizations - Rate per 100,000 ²	Percent Adults with Diabetes ³	Diabetes Deaths - Rate per 100,000 ¹	Heart Disease Deaths - Rate per 100,000 ¹	Cerebrovascular Disease Deaths - Rate per 100,000 ¹	Chronic Lower Respiratory Disease Deaths - Rate per 100,000 ¹
Chesapeake	165.0	9.1	23.6	178.9	45.3	32.3
Virginia	153.6	8.0	18.7	167.6	41.7	37.9

¹VDH Division of Health Statistics, 2010. Rates (per 100,000) are age adjusted.

²Virginia Health Information. Based on 2007 data. Rates (per 100,000) are age adjusted.

³CDC, [Diabetes and Trends - 2009](#)

⁴Chronic Conditions; VDH; VA BRFSS, 2006-2008

⁵Tobacco Use & Risk Behaviors; VDH; VA BRFSS, 2010

Cancer

	Cancer Deaths - Rate per 100,000 ¹	Breast Cancer Deaths - Rate per 100,000 ¹	Colorectal Cancer Deaths - Rate per 100,000 ¹	Lung Cancer Deaths - Rate per 100,000 ¹	Prostate Cancer Deaths - Rate per 100,000 ¹
Chesapeake	206.7	27.7	21.1	61.8	37.7
Virginia	186.0	25.4	17.6	54.8	26.6

Cancer Preventive Services

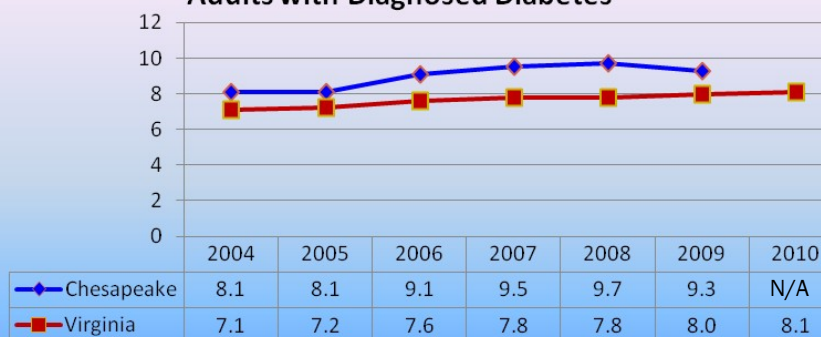
	No Mammogram Past 2 yrs; Women age 40+	No Pap Test Past 3 yrs; Women age 18+	PSA Test done in past 2 years, age 40+ ²	No Sigmoidoscopy/Colonoscopy - Lifetime; Age 50+ ³
Chesapeake	22.0	12.1	65.2	32.0
Virginia	23.8	14.3	58.9	35.2

¹VDH Division of Health Statistics, Based on 2003-2007 data. Rates (per 100,000) are age-adjusted.

²Preventive Health Behaviors. VDH, OFHS, VA BRFSS. Rates based on 2004-2006 & 2008 data combined. Percentages are weighted.

³Behavioral Risk Factor Surveillance System, District estimates are based on 2006 & 2008 (pooled) data

Age-Adjusted Estimates of the Percentage of Adults with Diagnosed Diabetes



Source: <http://apps.nccd.cdc.gov/ddtstrs/default.aspx>

CHRONIC DISEASE RISK FACTORS ~ DIABETES

- Diabetes affects **8.3 percent of Americans of all ages and 11.3 percent of adults aged 20 and older** according to the National Diabetes Fact Sheet for 2011. About 27 percent of those with diabetes—7 million Americans—do not know they have the disease. Pre-diabetes affects 35 percent of adults aged 20 and older.
- The average medical expenditures among people with diagnosed diabetes were **2.3 times higher** than what expenditures would be in the absence of diabetes.²

¹Age Adjusted Estimates, Source: CDC, [BRFSS, Prevalence and Trends Data, Virginia – 2009; Diabetes Data and Trends – 2009](#)

²CDC, [County Inactivity Facts](#), 2008

DIABETES IS COSTLY

Hospital Discharges with Primary or Secondary Diagnosis of Diabetes in Virginia in 2009

Total diabetes discharges 163,476

Average total charges per stay \$ 31,538

Combined Total for year \$ 5.16 billion <http://www.vahealth.org/cdpc/diabetes/>

Associated Risks & Complications:

Cardiovascular disease, non-traumatic lower-extremity amputation, end-stage renal disease, hypertension, blindness, nervous system damage, dental disease, complications of pregnancy & depression.

CHRONIC DISEASE RISK FACTORS — OBESITY

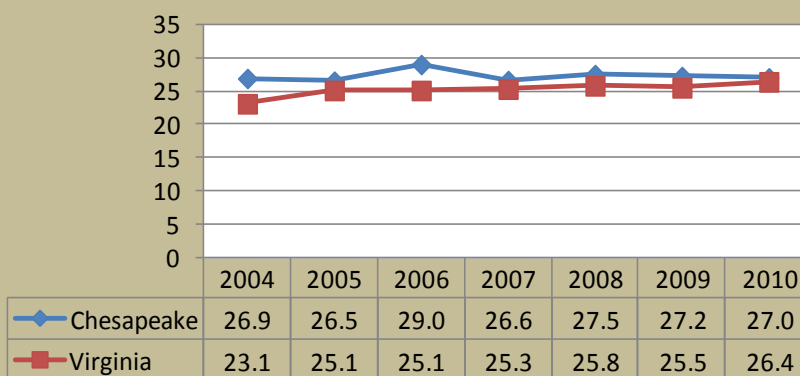
The future looks ominous. Currently, one of every three children is overweight or obese and more children than ever in our history have diabetes. Some predict that this pattern will result in a decrease in life expectancy for the first time in our country.

“It’s bizarre that the produce manager is more important to my children’s health than the pediatrician.”
— Meryl Streep

Type 2 Diabetes is one of the diseases most amenable, in both short-term and long-term, to behavior changes totally within the individual’s control.

**Be the driver
of your future—
Eat right, exercise, and
maintain a healthy weight.**

Age-Adjusted Estimates of the Percentage of Adults Who Are Obese in Chesapeake



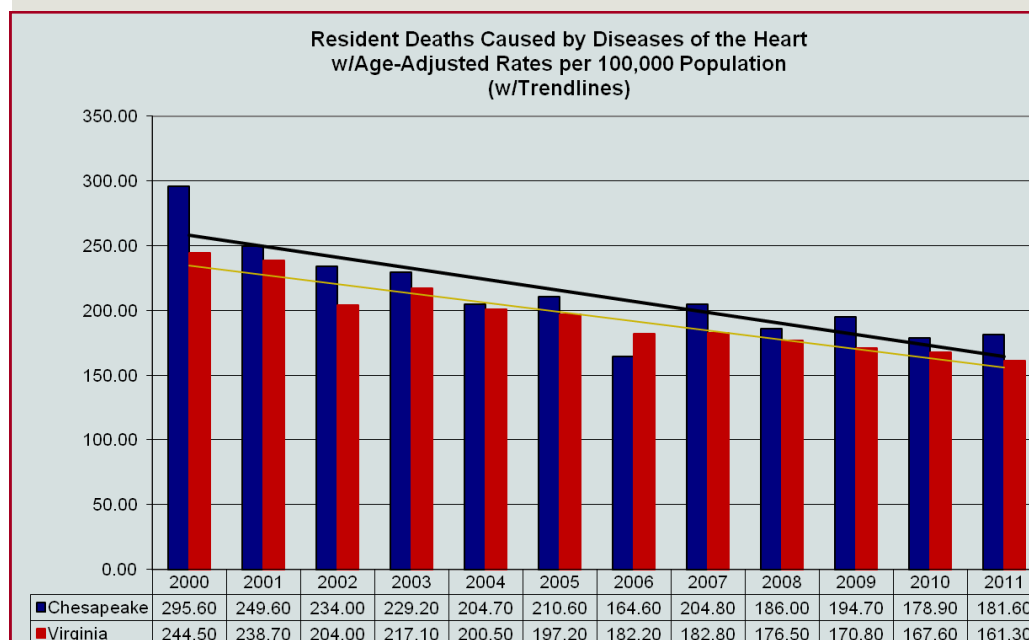
¹Age Adjusted Estimates, Source: CDC, [BRFSS, Prevalence and Trends Data, Virginia – 2009; Diabetes Data and Trends – 2009](#)

²CDC, [County Inactivity Facts](#), 2008

**We are challenged to
learn new ways to
live in a land of
plenty**



CARDIOVASCULAR DISEASE

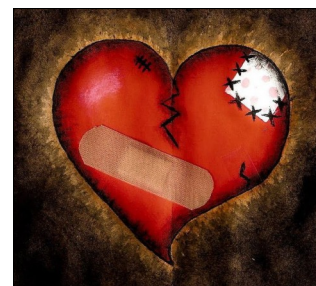


HEART DISEASE —

Heart disease death is measured as the age-adjusted rate of deaths per 100,000 people.

People at risk are those with high cholesterol and/or high blood pressure, those over age 65, those who use tobacco, and those who are overweight or obese.

- In 2011, **356** people in **Chesapeake** died from Diseases of the Heart
- Chesapeake's** 2011 death rate/100,000 population was **181.6***; while Virginia's was **161.3***
- The 2011 death rate in Chesapeake is **13.77% less than it was in 2005**



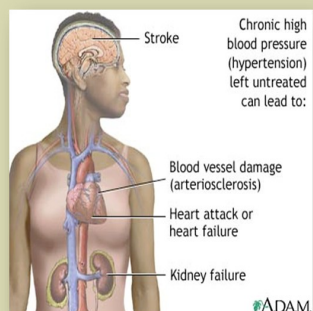
*Age-adjusted rates

Source: VDH Division of Health Statistics 2005, 2011

CARDIOVASCULAR DISEASE—DISEASES OF THE HEART ICD CODE DOES NOT INCLUDE HYPERTENSION

- There are an estimated **49,163** persons with Hypertension in Chesapeake.
- An estimated **6,490** of these persons are uninsured.
- Most often people with hypertension don't feel ill until they have a major, perhaps life-threatening, crises such as a stroke or heart attack. That is why hypertension is called **"The Silent Killer."**
- Medications and lifestyle can control your blood pressure, greatly reducing your risk of a severe complication.

It's easy! Get a check-up!

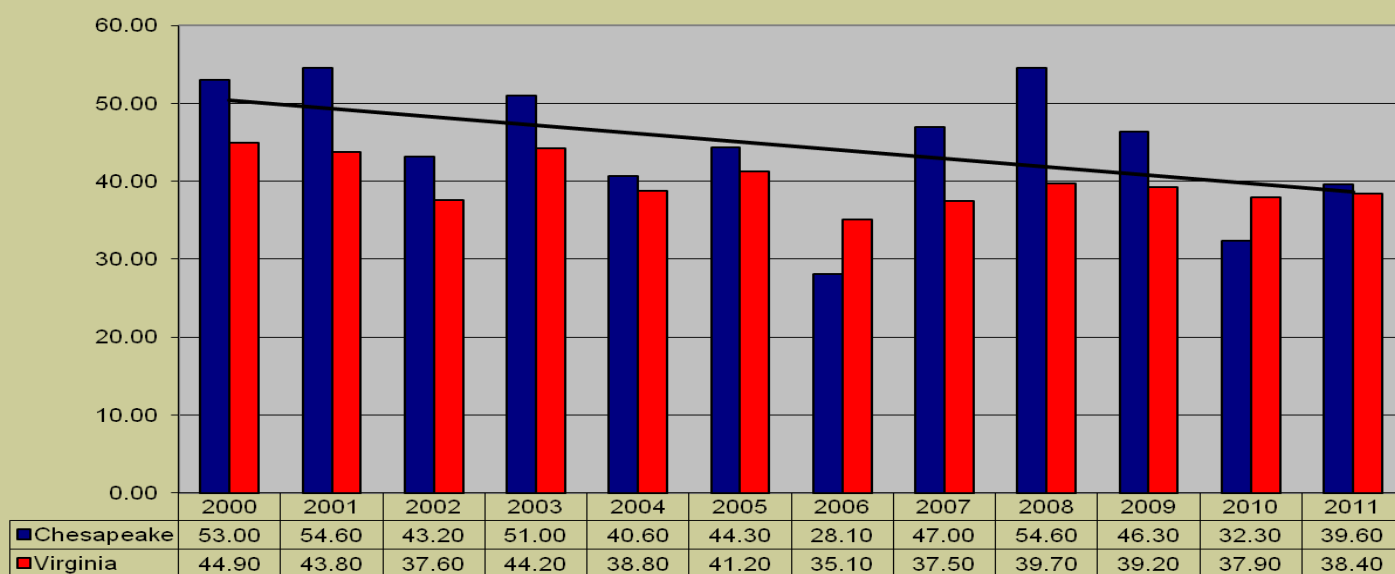


CEREBROVASCULAR DISEASE

- In 2011, **78** people in Chesapeake died from Cerebrovascular Disease
- Chesapeake's** 2011 death rate/100,000 population was **40.90***
- This death rate is **31% lower** than it was in 2005
- Virginia's** 2011 death rate/100,000 population was **41.40***

*Age-adjusted rates Source: VDH Division of Health Statistics 2005-2010

Resident Deaths Caused by Chronic Lower Respiratory Disease
w/Age-Adjusted Rates per 100,000 Population
(Trendline for Chesapeake)

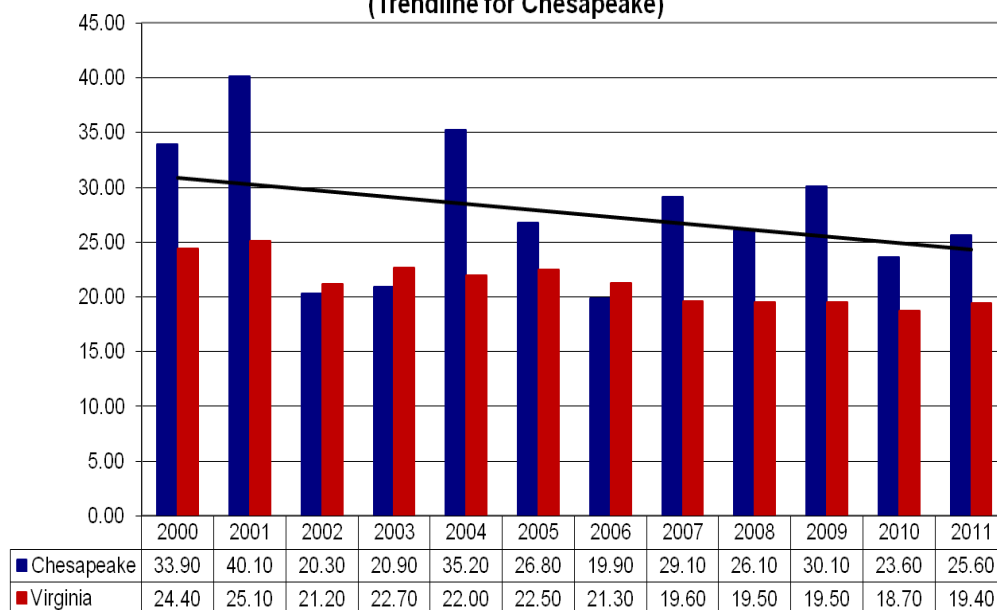


DIABETES MELLITUS DEATHS (DM)

Our rate is 20% higher than the State!

- ◇ In 2011, **52** Chesapeake residents died from Diabetes Mellitus (If we had the same rate as the State, the deaths would have been **reduced to 39**)
- ◇ Our DM death rate in 2011 was **4.5% less** than it was in 2005

Resident Deaths Caused by Diabetes Mellitus
w/Age-Adjusted Rates per 100,000 Population
(Trendline for Chesapeake)



BREAST & CERVICAL CANCER EDUCATION PROGRAM (BCCEDP)

CHESAPEAKE "EVERY WOMAN'S LIFE" STATISTICS

	FY 02-03	FY 03-04	FY 04-05	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09-10	FY 10-11
# Patients diagnosed with breast cancer	2	5	6	6	10	10	10	8	4
# Patients with abnormal cervical results	4	15	10	4	6	11	14	7	18

Completed during the last 12 months:

(Nine surgeons, two gynecologists, one radiologist group, one anesthesiologist group, Chesapeake Regional Medical Center & The Surgery Center of Chesapeake at CRMC volunteer services to this program.)

**THANK YOU to the
Medical Professional
Community—You are saving lives!**



11	Colposcopies
69	Surgical consultations
28	Needle Biopsies
8	Stereotactic biopsies
11	Surgeries
284	Mammograms
82	Ultrasounds
6	MRIs

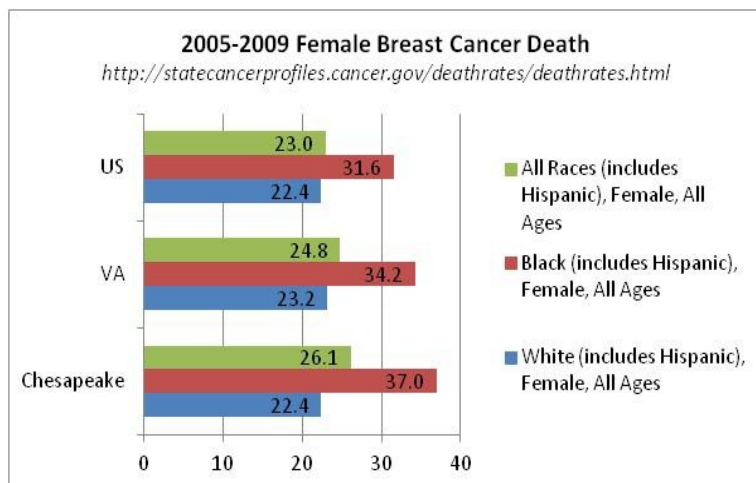
BREAST AND CERVICAL CANCER MORTALITY RATES

Incidence Trends

- Caucasian women have a higher rate of developing breast cancer than any other racial or ethnic group.
- However, among women under age 45, African Americans have a higher incidence newly diagnosed of breast cancer. And are more likely to be diagnosed with larger tumors.
- Hispanic women have a lower incidence of breast cancer than Caucasian, however, they are more likely to be diagnosed with larger tumors and late stage breast cancer.

Death Rates

Even though Caucasian women get breast cancer at high rates, African American women are more likely to die from breast cancer. Studies have found that African American women often have aggressive tumors associate with poorer prognosis.



Survival Rates

All racial and ethnic groups in the U.S. are more likely than African American women to survive for five years after being diagnosed with breast cancer.

Five-year survival rates:

- Caucasian women is 90%
- African American women is 77%, lower than that of any other ethnic and racial group in the U.S.

This might be explained by differences in breast cancer screening practices among the groups, stage at diagnosis, biology of the tumor and treatment.

BREAST AND CERVICAL CANCER MORTALITY RATES

CONTINUED

Cervical Cancer Overview

- Over the 2005-2009 time period, the incidence rate of cervical cancer was 6.6 cases per 100,000 women in Virginia. (U.S. Rate=2.4 deaths per 100,00 women.)
- Cervical cancer incidence rates were 7.2 per 100,000 for African-American women and 6.4 per 100,000 for Caucasian women. African-American women has a mortality rate that was 89% higher than that of Caucasian women.
- Cervical cancer has a five-year relative survival rate of 92% if diagnosed in its earliest (local) stage when it is most curable. IN Virginia, 49% of cervical cancer diagnosed was local stage.
- Caucasian (51%) were more likely to have their cervical cancer diagnosed local stage than African-American women (40%)



Cervical Cancer

Cervical Cancer Data					
Combined 2005-2009 data					
Health District	Incidence ¹				Staging ²
	Count	Rate per 100,000	95%CI	Rank	Percent Local Stage
Chesapeake	44	7.9	5.7-10.6	11	32%

Sources: Incidence and percent local staging (VA Cancer Registry System).

¹ Rates are age- adjusted to the 2000 U.S. standard population. Districts are ranked in terms of incidence rates from highest (=1) to lowest (=35).

Districts with lower rankings (i.e. higher incidence rates) are at greater risk.

² Percentage of Local Stage cancers are reported using the Summary Staging System. Districts are ranked in terms of percentage of cases diagnosed early (local) from lowest (=1) to highest (=35). Districts with lower rankings (i.e. lower early stage percentages) are at greater risk.

MATERNAL & CHILD HEALTH

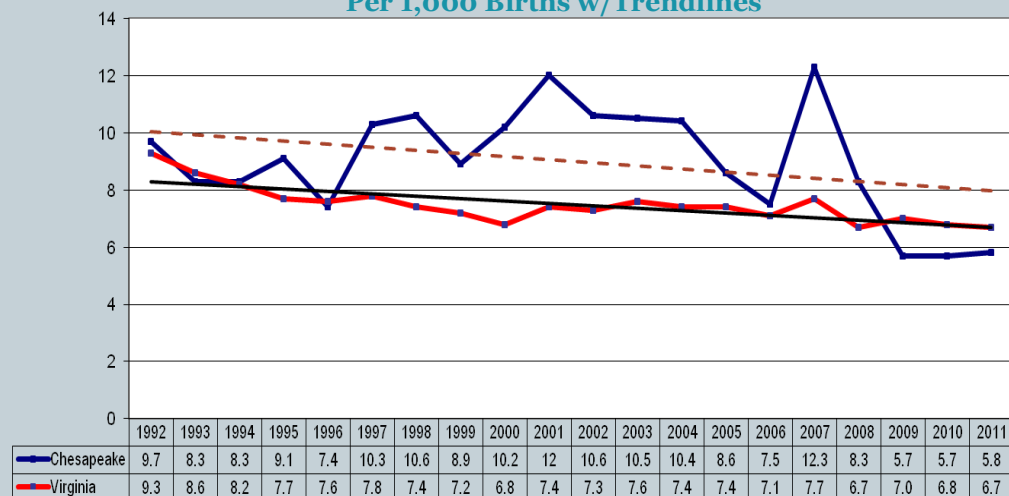
INFANT MORTALITY

- Infant mortality is the death of an infant, prior to one year of age, who was born alive
- Despite the fact that Virginia ranked 9th in per capita income in 2006, the Commonwealth ranks 32nd among states on the measure of infant mortality.
- In Virginia, the three leading causes of infant mortality are:
 1. Birth Defects
 2. Extreme immaturity (pre-term birth and low birth weight)
 3. SIDS (sudden infant death syndrome)

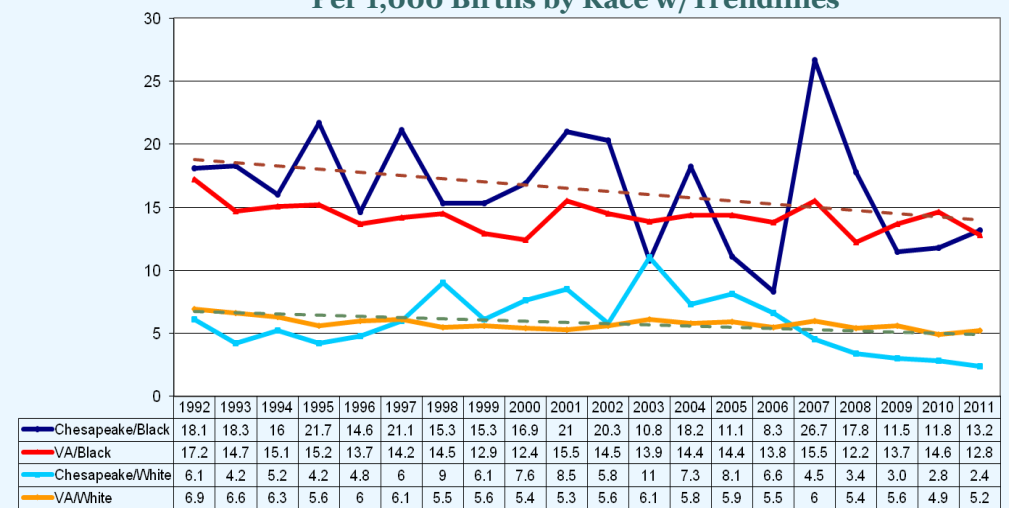


- ◇ A lack of adequate prenatal care has been strongly linked to poor birth outcomes.
- ◇ We have made remarkable progress in reducing infant mortality; most likely a factor of reduced teen pregnancy and enhanced efforts of home visitation services for at-risk families. For every dollar invested in the program \$2.25 is saved due to improved outcomes.
- ◇ But there is still a huge difference in infant mortality between White and Black populations. We need to continue to emphasize early prenatal care for all pregnant mothers.

Chesapeake Total Infant Mortality Rate
Per 1,000 Births w/Trendlines



Chesapeake Total Infant Mortality Rate
Per 1,000 Births by Race w/Trendlines



Chesapeake Preterm Births (gestation <37 weeks)

2007 -- 12.7% (381 total)

2011 -- 9.8% (264 total)

This improvement means that in 2011, 77 infants were born full term that would have been premature had we kept the same rate as 2007.

The Institute of Medicine determined that the annual societal economic burden associated with pre-term birth was \$51,600/pre-term infant in 2005 dollars.

Live Births		2005	2006	2007	2008	2009	2010	2011
Prenatal Care Beginning in the First Trimester	Chesapeake	89.1	89.1	86.3	88.0	88.4	88.0	89.9
	Virginia	84.6	83.5	83.2	84.6	82.8	81.9	82.7

MATERNAL & CHILD HEALTH

LOW BIRTH WEIGHT

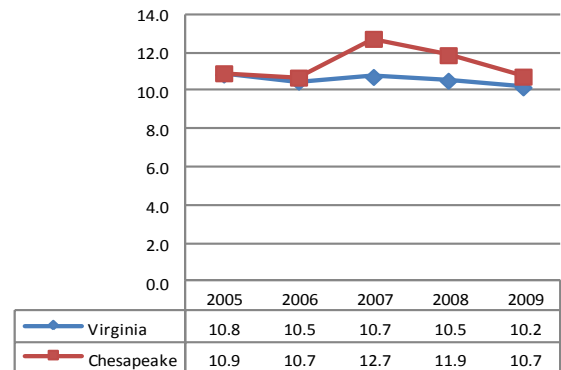
(LBW) <2500g

LBW may result from numerous factors: medical conditions, limited prenatal care, poor nutrition, to name a few. Women, Infant and Children (WIC) has been proven to dramatically improve birth weight.

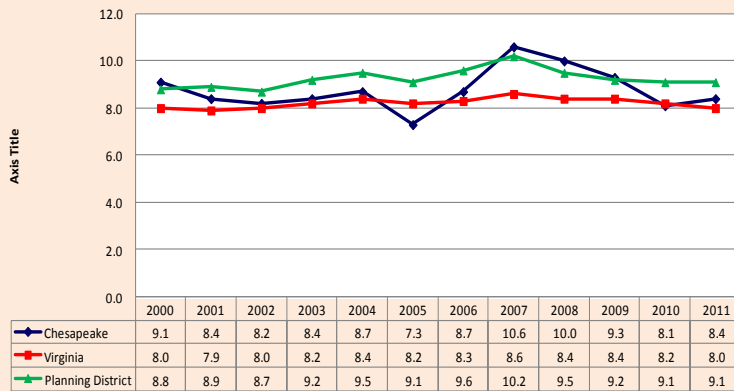
LBW is of concern because it immediately places the child at greater risk of newborn medical problems, delayed growth and educational achievement. Some studies find LBW babies have a greater risk of chronic disease as an adult.



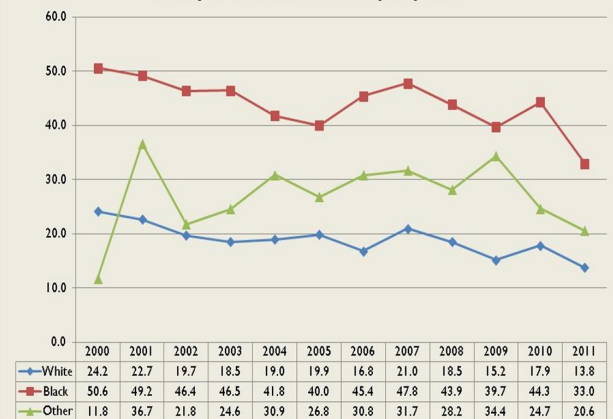
Resident Live Births With Gestation Under 37 Weeks (as % of Preterm Births)



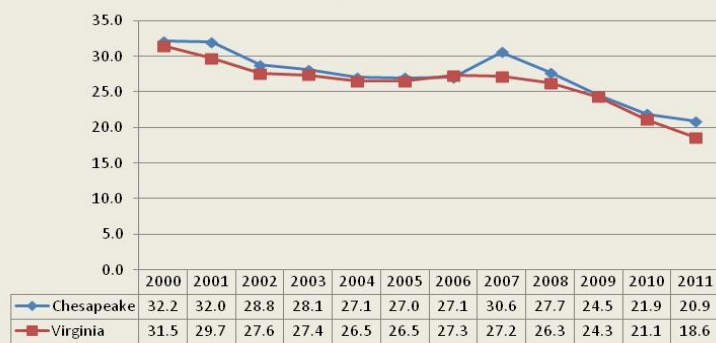
Resident Low Weight Live Births (as Percent of Total Live Births)



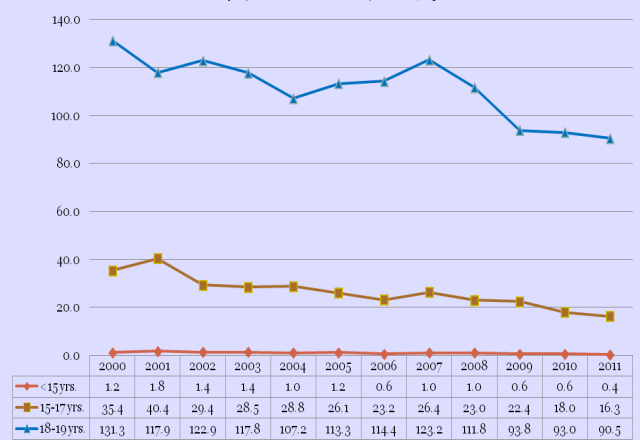
Chesapeake Teen Pregnancy Rates per 1000 Females 10-19 y.o. by Race



Chesapeake/Virginia Teen Pregnancy Rates/1,000 Females 10-19 y.o.



Chesapeake Resident Teenage Pregnancy Rates /1,000 Females, 10-19 y.o.



TEEN PREGNANCY

Teens have a greater risk of complications from pregnancy— preterm and low birth weight births. The discrepancy by race puts one segment of our population at greater risk and also creates challenges for those children to thrive and reach their fullest potential.





Women, Infants and Children (WIC)

- The current **average monthly value of WIC checks is \$54.28**. Due to the expected increases in the cost of food, this number will undoubtedly rise.
- There are currently **4,217 Chesapeake citizens enrolled in WIC**. The value of WIC to the community grocers is **\$228,898 per month or \$2,746,785 per year**.
- The Chesapeake WIC Program promotes and supports breast-feeding. Because of the efforts made, the number of women in our WIC Program who exclusively breastfeed exceeds the number of women who breastfeed and supplement with artificial milk. **Currently there are 200 women on WIC breastfeeding and of those 111 are exclusively breast-feeding.**

SUMMARY OF CHESAPEAKE RATES/ TRENDS COMPARED TO STATE TRENDS

Performance Trend *	Trend Prior to 2005
Improving ↑	↑
Maintaining ↔	↔
Worsening ↓	↓



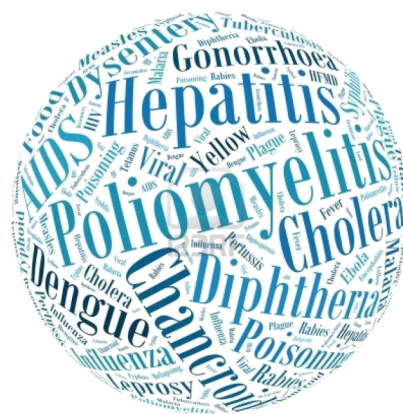
2011 Chesapeake Rates are Higher than the State Average in:	Trend *	
Obesity	↔	
Cardiovascular Disease Deaths	↓	↑
Chronic Lower Respiratory Disease Deaths		↑
Diabetes Mellitus Deaths	↓	↑
Malignant Neoplasm Deaths		↑
Alzheimer's Disease Deaths		↓
Teen Pregnancy		↑
Gonorrhea	↑	↑
Chlamydia		↓
Syphilis		↓
HIV Incidence	↑	↑
2011 Chesapeake Rates are Lower than the State Average in:	Trend *	
Cerebrovascular Disease Deaths	↓	↑
Infant Mortality	↓	↑
Tuberculosis		↑
Low Birth Weight	↔	

Communicable Diseases

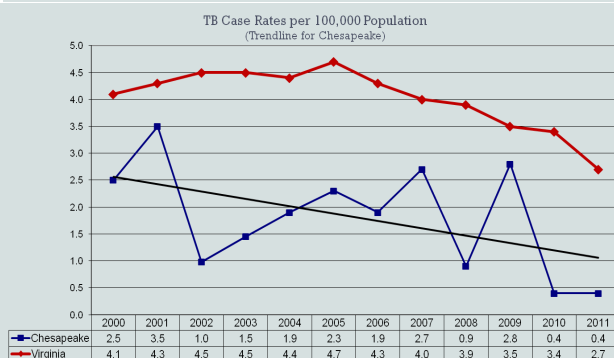
Number of Communicable Diseases Investigated

Chesapeake Communicable Disease Totals from 2007-2011 (YTD)					
Disease	2007	2008	2009	2010	2011
Campylobacter	12	16	15	18	4
Chancroid	0	0	0	0	0
Chickenpox	114	52	23	15	14
Chlamydia	946	1315	1242	1189	1381
E. Coli 0157:H7	2	0	2	2	1
Giardiasis	6	5	7	9	6
Gonorrhea	239	521	356	351	307
H. Influenzae	0	2	4	2	6
Hepatitis A	0	0	0	2	1
Hepatitis B (Acute)	0	4	3	1	4
Hepatitis B (Chronic)	0	0	0	0	0
Hepatitis C (Acute)	0	0	1	1	0
HIV	30	35	45	42	33
Influenza	15	26	1482	20	331
Kawasaki Syndrome	0	0	0	1	0
Lead (**Elevated Blood Level)	9	4	6	2	3
Legionellosis	2	0	1	2	2
Listeriosis	1	0	0	0	
Lyme	12	7	5	8	2
Meningococcal	2	0	0	1	1
Pertussis	11	12	6	20	5
Rocky Mountain Spotted Fever	2	6	0	1	1
Salmonellosis	37	34	37	39	40
Shigellosis	9	12	0	2	5
Staph Aureau (MRSA)	*	47	38	56	57
Streptococcal (Grp A, Invasive)	0	0	0	1	5
Streptococcal pneumoniae	0	0	0	0	0
Syphilis, early	13	15	16	10	19
Syphilis, secondary	0	0	0	0	0
Syphilis, tertiary	0	0	0	0	0
Tuberculosis	6	2	6	1	1
Totals	1468	2115	3295	1796	2229

An infectious disease that readily spreads from person to person



TUBERCULOSIS



Tuberculosis is measured by the rate of clinician-reported cases per 100,000 people. Cases are confirmed through health department investigation. The Healthy People 2010 objective for tuberculosis is no more than one new case annually per 100,000 people.

Number of Cases, Rate per 100,000 population

*MRSA was not reportable

**Age 0-15 years

COMMUNICABLE DISEASES ~ SEXUALLY-TRANSMITTED DISEASES

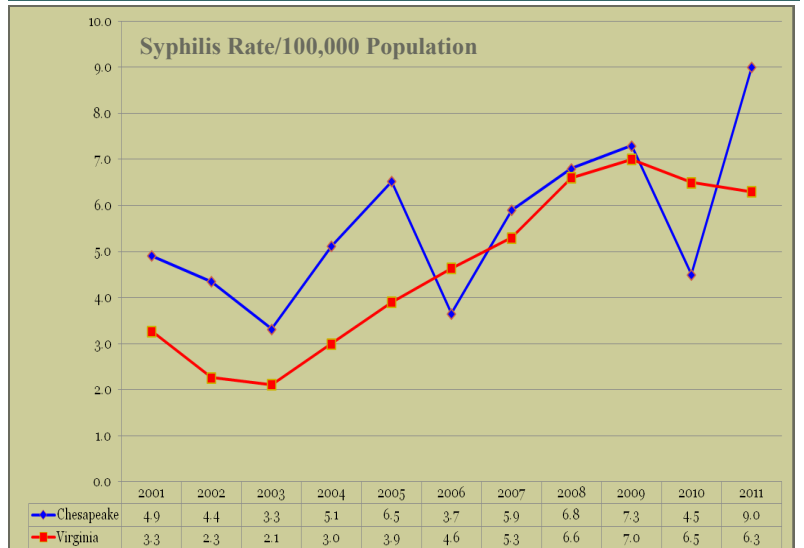
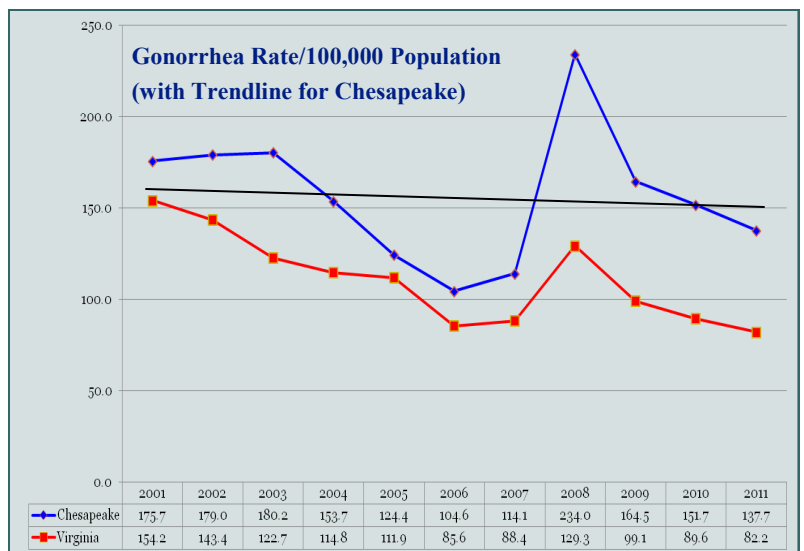
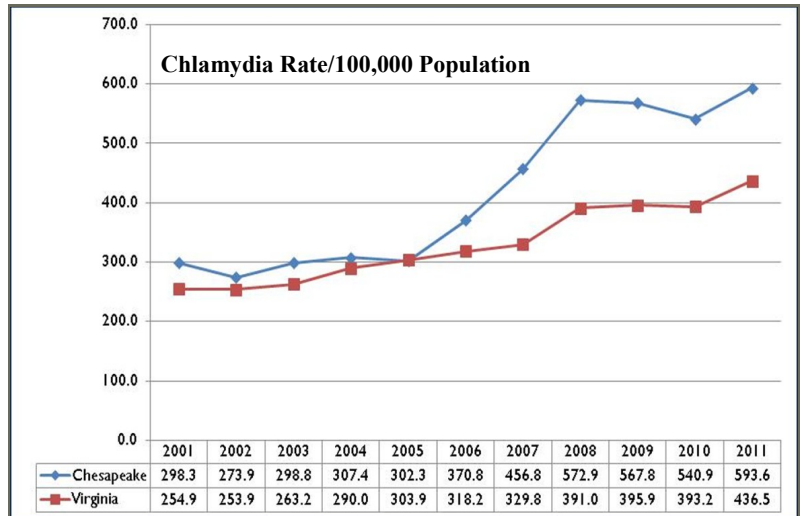
Most people who have Chlamydia don't know it since the disease often has no symptoms.



SEXUALLY—TRANSMITTED DISEASES

According to the Centers for Disease Control & Prevention, one in every four teenage girls is infected with an STD. In Virginia, the highest rates of gonorrhea and Chlamydia are in young women aged between 15-24.

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Data>



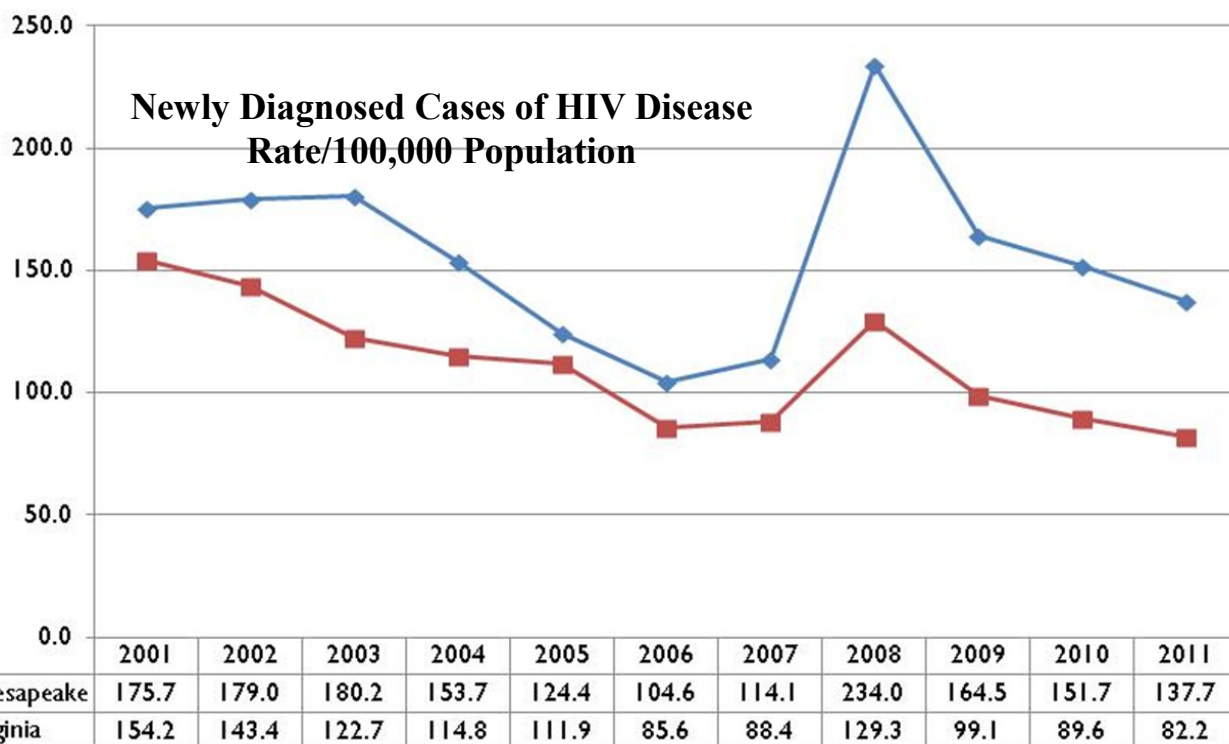
When AIDS become a Chronic Disease

In June 1989, Samuel Broder, then head of the National Cancer Institute, declared in a speech at the international AIDS meeting in Montreal, Quebec, that AIDS was a chronic illness and that treatment should follow the model of cancer.¹

As with other chronic diseases persons have a tendency to become lax regarding individual preventive behaviors and instead rely on Medical treatment to stabilize the disease. The challenge is to help persons take charge of their health and not relegate it all to the medical professionals.



Beginning with 2009 data, HIV infection and AIDS are no longer being presented separately. Instead, HIV disease will represent the number of persons newly reported to VDH with HIV infection regardless of disease progression, and includes people with an AIDS defining condition at first HIV report.



1. Fee E, Fox DM. Introduction: the contemporary historiography of AIDS. In: Fee E, Fox DM, eds. AIDS: the making of a chronic disease. Berkeley: University of California; 1992:1-19. [[Ref list](#)]



Public health is the cheapest, yet one of the most broad-scoped health insurance programs in existence, and every citizen of the community is on our plan! From the wealthiest taxpayer to the struggling welfare recipient, we care about your health and look out for your well-being.

We want you to know the benefits you're receiving for a mere "premium" of about \$33.00 per capita.

There are no pre-existing condition clauses, no pre-selection, not even an eligibility criteria. Simply by being a citizen of our fine community, you are automatically on the public health plan. Our premiums are low, but the services are extensive.

We want you to know how we prevent disease, promote healthy behaviors and protect you from environmental risks.

For more information, contact:
Nancy.welch@vdh.virginia.gov

Chesapeake Health Department
748 Battlefield Blvd, North
Chesapeake, VA 23320
(757) 382-8633

See full version of Health Profile
visit our website:

<http://www.vdh.virginia.gov/LHD/Chesapeake/>

EMERGENCY RESPONSE & PLANNING (EP&R)

Our **EP&R program** conducts **annual Exercises in Emergency Mass Dispensing of Medical Countermeasures**, using a "Push" method of Delivery to Chesapeake Residences and a "Pull" method of opening Point of Dispensing (POD) Models at five (POD) Sites throughout the City.

They maintain **up-to-date Continuity of Operations Plans and agency-wide Bioterrorism and Pandemic Plans**.

Five mobile electronic message trailers are positioned around the City providing public health messages to targeted communities and can be utilized during emergencies.

Our **CHESAPEAKE MEDICAL RESERVE CORPS** has **200+ volunteers**, 60% medical and 40% non-medical. **In 2012 4,000 volunteer hours were recorded for a total value of \$120,000.** They provide valuable assistance with Mass Dispensing Exercises, Flu Shot Clinics, Community Outreach and Education, CPR and First Aid Training, Respirator Fit-Testing and are ready to serve during any public health emergency.

ENVIRONMENTAL HEALTH

Demands for restaurant inspections are growing and septic system applications are increasing and are more complex as new developments increase, especially in the growth areas of Greenbrier, Great Bridge, Deep Creek, and Western Branch.

Our staff must be ever vigilant in assuring that we are free from foodborne and waterborne outbreaks. As of June 2013, Chesapeake has approximately **700 restaurants**.

We investigate **250-350 animal bites** a year and work with animal control, private physicians and the individuals to either quarantine the animal or recommend rabies prophylaxis.



Report all animal bites to the Chesapeake Health Department **(757) 382-8672**
OR Chesapeake Animal Control **(757) 382-8080**